2011 ELECTION CYCLE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2011 Elections

-10	Delbert Hosemann SECRETARY OF STATE	
K	NOV 0 1 2011	
	DATE STAMP	ON.

Bobby Shows		DATE STAMP
Name of Candidate PO Box 373, Ellisville, MS 39437	Jones	SERVING OF
Address	County Fax	
Office Sought State Representative Dist. 89	Republica	
Office Sought	Political Party Email Address	
Check here if above is different from previous report		
May 10, 2011 Periodic Report (January 1, 2011, through	April 30, 2011)	Mandatory
June 10, 2011 Periodic Report (May 1, 2011, through Ma	ay 31, 2011)	Mandatory
July 8, 2011 Periodic Report (June 1, 2011, through June	e 30, 2011)	Mandatory
July 26, 2011 Pre-Election Report (July 1, 2011, through	July 23, 2011)	Primary Candidates
August 16, 2011 Pre-Election Report (July 24, 2011, thro	ough August 13, 2011)	Runoff Candidates Only
October 10, 2011 Periodic Report (July 1, 2011, through	September 30, 2011)	Mandatory
× November 1, 2011 Pre-Election Report (October 1, 201	1, through October 29, 2011)	Mandatory
November 22, 2011 Pre-Election Report (October 30, 2	011, through November 19, 2011)	Runoff Candidates Only
January 10, 2012 Periodic Report (October 1, 2011, thro	ough December 31, 2011)	Mandatory
Termination Report (Candidate will no longer accept co Campaign expenditures and has no outstanding campaig		
(1) Pre-Election reports are mandatory, even if no contribu	PORTANT	and In such case the candidate
shall submit a report indicating "0" (Zero) for total amou		
(2) Until a Candidate files a Termination Report, annual and Ann. § 23-15-807 (b) (ii) and (iii).	d periodic reports must still be file	d in accordance with Miss. Code
(3) The receiving authority must be in actual receipt of the receipt on a weekend or a holiday, the office must be in actual day before the deadline. Faxed reports are acceptable.		
REPORTED CONTRIBUT	TIONS AND DISBURSEMENTS	Calendar
Itemized + No	on-Itemized = This Period	Calendar

Total amount of disbursements \$ 2 (60.00 + \$ 1250.00 \$ 3410 \$ 14,56

Total amount of cash on hand

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Total amount of contributions 3950 + 0

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

	ξ.	\$250.00	\$300.00	\$300.00	\$2,000.00	\$300.00	\$300.00	\$500.00	
	Amount	\$250.00	\$300.00	\$300.00	\$2,000.00	\$300.00	\$300.00	\$500.00	\$3,950.00
				9/15/2011					l.
er 29, 2017	Zip	59912	39157	TX 77056	39215	39232	39215	27102	
11 - Octob	State	ΔT	MS	ĭ	MS	MS	MS	S	
for October 1, 20'	City	Columbia Falls	Ridgeland	Houston	Jackson	Jackson	Jackson	Winston-Salem	
s Campaign Contributions	Address	PO Box 1990	6700 Old Canton Rd Ste K	PAC 5400 Westheimer Court Houston TX	PO Box 1091	PO Box 320369	PO Box 1132	PO Box 464	
Bobby Show	Type	Corporation	PAC	PAC	PAC	PAC	PAC	Corporation	
	Name	Plum Creek Administrative Corp Inc					MS Malt Beverage Assn		

Name of Candidate or Comm	ittee Bobby	Shows		
Reporting period Oct 1,		through	Oct 29,201	1

ITEMIZED DISBURSEMENTS

A. Full name Lamar Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address PD BOX 46338	10/17/11	\$ 1660,00	
Baton Rouse, LA 70896	_/_/_	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3560.00	
S. Full name JCJC Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address OD S Court St	10/17/11	\$ 500.N	
City, State, Zip Code Ellisville, MS 39437		S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		s	
City, State, Zip Code	_/_/_	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	_/_/_	s	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	_'_'_	s	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		s	
City, State, Zip Code	_1_1_	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	